

FEE  
ONLY

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Application Number	10/055,421
Filing Date	January 22, 2002
First Named Inventor	Norbert Dicken
Group Art Unit	2875
Examiner Name	Jacob Y. Choi
Attorney Doctoral Number	PHNL 010076

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 148 or 148.)

**1. Submission required under 37 C.F.R. § 1.114**

a.  Previously submitted

i.  Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on June 16, 2003.  
(Any unentered amendment(s) referred to above will be entered).

ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

iii.  Other \_\_\_\_\_

b.  Enclosed

i.  Amendment/Reply

ii.  Affidavit(s)/Declaration(s)

iii.  Information Disclosure Statement (IDS)

iv.  Other \_\_\_\_\_ (may not be a brief)

**2. Miscellaneous**

a.  Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))

b.  Other \_\_\_\_\_

**3. Fees**

a.  The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print Type)	FRANK KEEGAN	Registration No. (Attorney/Agent)	50,145
Signature	<i>Frank Keegan</i>	Date	7/29/03

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office toll free: \_\_\_\_\_ on the date below.

Name (Print Type)	EDNA CHAPA	Date	7/29/03
Signature	<i>Edna Chapa</i>	Date	7/29/03

10/055421

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

N C 016076

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20 = * 0	
INDEPENDENT CLAIMS	1 minus 3 = * 0	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	740

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
	* 19	Minus	** 20	=
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY  
OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

N/E

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
	* 16	Minus	** 20	=
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
	* 16	Minus	** 20	=
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

01-04-05